

STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202
410-625-5555

REQUEST FOR CERTIFICATION OF ANNUAL SALARY

IMPORTANT: PRINT IN INK OR TYPE.

RETIREMENT USE ONLY

FORM 28 (Rev. 11/99)

We regret to learn of the death of the following employee who was a member of the State Retirement and Pension System of Maryland. You are requested to certify to the State Retirement Agency the annual salary being paid at the date of death to the following deceased member/employee. The accuracy of the annual salary is most important since it determines the amount of death benefit proceeds payable to the beneficiary(ies) of the deceased member/employee. The annual salary should agree with the employer's current salary scales or with a current contract negotiated by the employer. Please explain any variance between the certified annual salary and the current scales or contract.

(RETIREMENT COORDINATOR PLEASE COMPLETE ALL APPROPRIATE ITEMS)

ADDRESS:

Name: _____
First Middle Last

Social Security No: _____ - -

Address: _____
Number and Street

Date of Death: _____
Month Day Year

City & State Zip Code

Member's Telephone No.: _____

Employing Agency: _____

Annual Salary \$ _____ /Grade _____ /Step _____

Title of Position: _____

Sick Leave - Days Unused _____ (If none enter word "NONE")

Explanation: _____

As of _____
Mo. Day Yr.

CERTIFICATION:

I HEREBY CERTIFY THAT THE ABOVE ANNUAL SALARY IS THE SALARY BEING PAID THE DECEASED MEMBER/EMPLOYEE AT THE DATE OF DEATH AND THAT THE TOTAL DAYS OF UNUSED SICK LEAVE MEET THE MAXIMUM SICK LEAVE ACCUMULATION CRITERIA AS DESCRIBED IN THE RETIREMENT COORDINATOR'S MANUAL.

Signature Title Date (Area Code) Telephone Number

PAYROLL INFORMATION:

Last Reported Payroll Period: _____ Ending _____
Wk., Mo., Qtr., Bi-wk, semi-mo. MO. DAY YR.

Contribution \$ _____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____
Mo. Day Yr.

Contribution \$ _____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____
Mo. Day Yr.

Employee's Final Contribution of \$ _____, Standard Hours of _____ and Actual Hours Paid of _____

will be Reported on Payroll Period Ending _____
Mo. Day Yr.

Signature Date Agency Name (Area Code) Telephone Number